

Intern Orientation Checklist General Overview – Parent Health Service

This form is to be completed at the time of orientating the new intern at each Health Service on the Parent Health Service orientation day during the initial orientation week. When this form has been completed and signed, please send to the M2M Administration and retain a copy for your health service.

Department/Building Locations	ORIENTATED	N/A
Acute Services & Emergency Department		
Maternity Services		
Dialysis Unit		
Day Stay Unit		
Palliative Care		
X-Ray & CT (if applicable)		
Pharmacy / Dispensary		
Operating Theatre		
Residential Aged Care facility / facilities		
Community Health Centre		
District Nursing Service		
Location of Policy/Procedure Manuals		
Visiting Specialist's Rooms & Consulting Timetable		
HIM / Medical Records		
Human Resources/Payroll – including ID Badge		
Finance & Administration		
Executive Offices		
OH&S Coordinator		
Catering & Environmental Services		
Admissions		
Discharge Planning		
Conference Room		
Multi-Purpose Room		
Boardroom		
Training / Education Rooms		
Support Services		
E3 Learning Induction & Modules completed		
Session with e3learning Coordinator/ADON CSN Including Handover Guidelines		
Modules completed:		
- Health Service Induction		
- Workplace Emergency Response		
- Hand Hygiene		
- Prevention & Management Elder Abuse in health Care Settings		



I (Intern Name) acknowledge that I have been orientated to each of the abovementioned areas and items.

Signed:

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(Intern)

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(Date)

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(Health Service Representative)

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(Date)